Revision: HCFA-PM-91-4 **AUGUST 1991** 

(BPD)

OMB No.: 0938-

State/Territory: Puerto Rico

Citation

4.19(b)(2) (Continued)

42 CFR 447.51

through 447.58

- All services furnished to pregnant (iii) women.
  - Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
  - (iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.
  - (v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).
- Family planning services and supplies furnished (vi) to individuals of childbearing age.
- (vii) Services furnished by a health maintenance organization in which the individual is enrolled.

1916 of the Act, P.L. 99-272, (Section 9505)

TN No.

(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

Not Applicable

TN No. Approval Date Supersedes

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OFFICIAL

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No.:	0938-
	State/Territory:	Puerto Ri	.co		
Citation	4.18(b) (C	ontinued)			
42 CFR 447 through 447.48	7.51 (3)	applies, <u>r</u> copayment, services t	aiver under ominal deduc or similar hat are not (b)(2) abov	tible, coins charges are excluded fro	surance,
			applicable. sed.	No such cha	irges are
	(	i) For any charge	service, no is imposed.	more than o	one type of
	(i	i) Charges followi	apply to se ng age group	rvices furni s:	shed to the
			18 or olde:	r	
		<u></u>	19 or olde:	r	
			20 or olde	r	
		_7	21 or olde:	r	
		foll indi	owing reason	able categor ed below who	are 18 years of
Not 7	Applicable				
TN No. 9	2-2	ate MAY 1 1	992 Eff	ective Date	JAN 1 - 1992
TN No.	27-1			CFA ID: 798	
			n	CEN ID. /30	14 Li

56a

Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

OMB No.: 0938-

State/Territory: Puerto Rico

Citation 42 CFR 447.51

through 447.58

4.18(b)(3) (Continued)

- (iii) For the categorically needy and qualified
  - Medicare beneficiaries, <u>ATTACHMENT 4.18-A</u> specifies the:
    - (A) Service(s) for which a charge(s) is applied;
    - (B) Nature of the charge imposed on each service;
    - (C) Amount(s) of and basis for determining the charge(s);
    - (D) Method used to collect the charge(s);
    - (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
    - (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
    - (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.
      - // Not applicable. There is no maximum.

Not Applicable

TN No. 72-2
Supersedes Approval Date MAY 1 1992

Effective Date JAN 1 - 1992

HCFA ID: 7982E

56b

HCFA-PM-91-4 (BPD) Revision: OMB No.: 0938-AUGUST 1991 Puerto Rico State/Territory: Citation 1916(c) of 4.18(b)(4) // A monthly premium is imposed on pregnant the Act women and infants who are covered under section 1902(a)(10)(A)(ii)(IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(c) of the Act are met. ATTACHMENT 4.18-D specifies the method the State uses for determining the premium and the criteria for determining what constitutes undue hardship for waiving payment of premiums by recipients. 1902(a)(52) 4.18(b)(5) / / For families receiving extended benefits and 1925(b) during a second 6-month period under of the Act section 1925 of the Act, a monthly premium is imposed in accordance with sections 1925(b)(4) and (5) of the Act. 1916(d) of 4.18(b)(6) // A monthly premium, set on a sliding scale, the Act imposed on qualified disabled and working individuals who are covered under section 1902(a)(10)(E)(ii) of the Act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of section 1916(d) of the Act are met. ATTACHMENT 4.18-E specifies the method and standards the State uses for determining the premium.

Not Applicable

TN No. 92-2
Supersedes
TN No. 87-/Approval Date MAY 1 1992
Effective Date JAN 1-1992

HCFA ID: 7982E

56c

Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		C	OMB No.:	0938-
	State/Territo	ry:	Puerto Ric	0		
Citation	4.18(c)		ividuals are	e covered a	as medica	lly needy under
42 CFR 44 through 44	47.58		imposed. And amount of an subject to the CFR 447.52(the regarding the terms)	TTACHMENT 4  Ind liability  the maximum  b) and define effect of  of the en	1.18-B specty period mallowab ines the son recipion	for such charges le charges in 42 State's policy
447.51 th: 447.58	rough (	•	No deductible or similar of the following	charge is		payment, nder the plan fo
		(i)	Services under	to individ	duals und	er age 18, or
			<u></u>	Age 19		
				Age 20		
				Age 21		
			are a charge	ge 18, but	under ag	individuals who e 21, to whom below, if

"Cost Sharing" is not applicable.

TN No. 92-2
Supersedes
TN No. 87-1 Approval Date MAY 1 1992
HCFA ID: 7982E

HCFA ID: 7982E

56d

Revision:	HCFA-PM-91- AUGUST 1991	4 (BPD)	OMB No.: 0938-
	State/Territo	ry:	Puerto Rico
<u>Citation</u>	4.18 (0	:)(2) (C	ontinued)
42 CFR 447 through 447.58	7.51	(ii)	Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.
		(iii)	All services furnished to pregnant women.
			Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.
		(iv)	Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.
<b></b>		(v)	Emergency services if the services meet the requirements in 42 CFR $447.53(b)(4)$ .
		(vi)	Family planning services and supplies furnished to individuals of childbearing age.
1916 of t. P.L. 99-2 (Section	72	(vii)	Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.
447.51 th 447.58	rough	(viii)	Services provided by a health maintenance organization (HMO) to enrolled individuals.
			// Not applicable. No such charges are imposed.
Not	Applicable		
TN No	72-2 Approx	al Date	MAY 1 1992 Effective Date
Supersede TN No.	87-1	al Dave	110D TD 7000E

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	OMB No.: 0938-
	State/Territory	: <u>Pu</u>	erto Rico
<u>Citation</u>	4.18(c)(3	non sin not	less a waiver under 42 CFR 431.55(g) applies, ainal deductible, coinsurance, copayment, or ailar charges are imposed on services that are excluded from such charges under item (b)(2) ove.
			Not applicable. No such charges are imposed.
		(i)	For any service, no more than one type of charge is imposed.
		(ii)	Charges apply to services furnished to the following age group:
			/ 18 or older
			Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.

Not Applicable

TN No. 92 Supersedes TN No. 8 Effective Date JAN 1 - 1992 MAY 1 1992 Approval Date

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Revision:	HCFA-PM-91- 4 AUGUST 1991	(BPD)		OMB No.: 0938-
	State/Territory		Puert	o Rico
Citation	4.18(c)(3	) (Co	ntinued	)
447.51 thi	rough	(iii)	For th	e medically needy, and other optional, ATTACHMENT 4.18-C specifies the:
447.58				Service(s) for which charge(s) is applied;
				Nature of the charge imposed on each service;
				Amount(s) of and basis for determining the charge(s);
			(D)	Method used to collect the charge(s);
				Basis for determining whether an individual is unable to pay the charge and the means by which such an individuis identified to providers;
			, ,	Procedures for implementing and enforce the exclusions from cost sharing contained in 42 CFR 447.53(b); and
				Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.
				Not applicable. There is no maximum
Not Ap	plicable			
IN No	72-2 Approval	Date	AAY 1	1992 Effective Date UAN 1 - 1992

Effective Date UAN 1 - 1992 HCFA ID: 7982E